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TO: Examiner Alvin J. Stewart, Group Art Unit 3774

FAX NUMBER: 571-273-8300

COMPANY: U.S. Patent and Trademark Office

FROM: Dougla s A. Collier

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RE: Notice of Appeal for U.S. Patent Application No. 10/648,056 to Jeff R. Justis et al.

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INDIANAPOUS, IN 46204 TELEPHONE-(317) 636-

4341

FAX-(317) 636-1507

KRIEG DEVAULT LLP

12800 N MERIDIAN STREET

**SUITE 300** 

**CARMEL, IN 46032** TELEPHONE-(317) 566-

1110

FAX-(317) 636-1507

KRIEG DEVAULT GALVIN

LLP

5231 HOHMAN STREET

**HAMMOND, IN 46320** TELEPHONE-(219) 933-

0380 FAX-(219) 933-0471

KRIEG DEVAULT LUNDY

HP

825 ANTHONY WAYNE

BUILDING

203 EAST BERRY STREET FT. WAYNE, IN 46802

TELEPHONE-(260) 422-

1534

FAX-(260) 423-1590

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Under the Paperwork Reduction A	Act of 1995, no person	s are required to respond to a co Application Number	election of infai	mation unless	r; U.S. DEPARTMENT OF COMMERCE it displays a valid OMB control number.	
TRANSMITT		10/648,0	10/648,056			
FORM	Filing Date First Named Inventor	<del></del>	August 26, 2003			
PORIVI	Art Unit		Jeff R. Justis et al.			
			3774	3774		
(to be used for all correspondence a	after initial filing)	Examiner Name	Alvin J. S	lvin J. Stewart		
Total Number of Pages in This Subm	Attorney Docket Number	MSDI-77	MSDI-77/PC753.00			
	ENCL	OSURES (Check all	that apply)			
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Fee Attached		lcensing-related Papers		of Appeals and Interferences		
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Firm Name	IGNATURE OF	F APPLICANT, ATTOR	RNEY, OR	AGENT		
Krieg DeVaylt	LLP			_	•	
Signature & Stadas U. Cellei						
Printed name Douglas A. Collier						
Date January 26, 2009		R	eg. No. 4	3,556		
	CERTIFICA	TE OF TRANSMISSION	ON/MAILII	NG		
I hereby certify that this corresponder sufficient postage as first class mail in the date shown below:	nce is being facsimi	ile transmitted to the USPTO essed to: Commissioner for	or deposited Patents, P.O	d with the Un . Box 1450, a	ited States Postal Service with Alexandria, VA 22313-1450 on	
Signature & Drives A. Colhes						
Typed or printed name Douglas A. Collier Date January 26, 2009						

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PTO/S9/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL For FY 2008  Application Number Filing Date August 26, 2003 First Named Inventor Application Mainber Filing Date August 26, 2003 First Named Inventor Application Number Filing Date August 26, 2003 First Named Inventor August 26, 2003 First Named Inventor Jeff R. Justis et al. Examiner Name Aivin J. Stewart Art Unit 3774 Attorney Docket No. MSDI-77/PC753.00  METHOD OF PAYMENT (check all that apply)  Check Y Credit Card Money Order None Deposit Account Deposit Account Number, 12-2424 Deposit Account Name Krieg DeVault Lundy For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee SEARCH FEES FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FEE (S) F	Effective on 12/08/2004	Complete if Known					
Filing Date   August 26, 2003   First Named Inventor   August 26, 2003   First	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			<u> </u>			
FOR FY 2008  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 1030.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 12-2424  Deposit Account Number, 12-2424  Deposit Account Number, 12-2424  Deposit Account Number, 12-2424  Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee Variance of the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee Variance of CFR 1.1 or and 1.17  WARNING: Information on this form. Provide credit card information and authorization on PTD-2038  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)	FEE IRANSMITTAL		<del></del>				
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Check  Credit Card  Money Order  None  Other (please identify):  Deposit Account Deposit Account Number: 12-2424  Deposit Account Name: Krieg DeVault Lundy  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Indicated Delow  Charge fee(s) indicated below, except for the filling fee  Fee (s) Credit any overpayments  Fee (s) Except fee (s) Except fee  Sea  Sea  Charge fee  Sea  Sea  Charge fee  Sea  Sea  Sea  Charge fee  Sea  Sea  Sea  Sea  Sea  Charge fee  Sea  Sea  Sea  Sea  Sea  Sea  Sea	Alloliney Docker No. MSDI-177PC753.00						
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Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge sary additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SEARCH FEES  Small Entity  Application Type  Fee (\$)	For the above-identified deposit account, the Director is her	eby authorized to: (check	all that apply)	MODITOR .			
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Design   210   105   100   50   130   65     Plant   210   105   310   155   160   80     Reissue   310   155   510   255   620   310     Provisional   210   105   0   0   0   0     2. EXCESS CLAIM FEES   Small Entity     Fee Description   Fee (\$)   Fee (\$)     Each claim over 20 (including Reissues)   50   25     Each independent claim over 3 (including Reissues)   210   105     Multiple dependent claims   Total Claims     Total Claims   Extra Claims   Feo (\$)   Fee Paid (\$)     HP = highest number of total claims paid for, if greater than 20.     Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)     HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE     If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).     Lotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Lotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Lotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Lotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Lotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Lotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Lotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Lotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)	174114			<u>- 000 1 010 (4)</u>			
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4. OTHER FEE(S)	Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
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Name (Print/Type)	Douglas A	A. Oellier		,	Date January 26, 2009

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